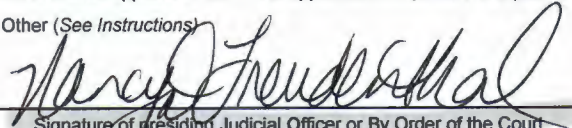
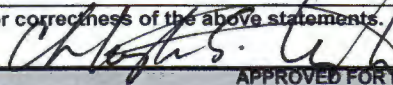
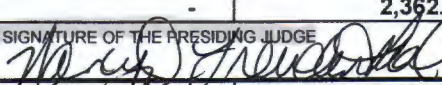


CJA 20 (Electronic Form) APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 12/03)

1. CIR. DIST. DIV. CODE WYX		2. PERSON REPRESENTED Jack Kane Parrent, Jr.		VOUCHER NUMBER 120521000074			
3. MAG. DKT. / DEF. NUMBER 2:11-MJ-100		4. DIST. DKT. / DEF. NUMBER		5. APPEALS DKT. / DEF. NUMBER			
7. IN CASE/MATTER OF (Case Name) United States v. Jack Kane Parrent		8. PAYMENT CATEGORY Appeal		9. TYPE PERSON REPRESENTED Appellant			
				10. REPRESENTATION TYPE AP			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i>							
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS:							
Name: Christopher S. Leigh		13. COURT ORDER:					
Address: Christopher S. Leigh, Attorney at Law		Prior Attorney's Name		Appointment Dates			
P.O. Box 1094		<input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in his case, OR <input type="checkbox"/> Other (See Instructions)					
Jackson, Wy. 83001							
Phone # 307.733.7735		Signature of Presiding Judicial Officer or By Order of the Court  2/6/12 Date of Order					
Fax # 307.733.7720							
14. NAME AND ADDRESS OF LAW FIRM (Only provide per instructions)		Nunc Pro Tunc Date					
Name: Christopher S. Leigh		Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Address: P.O. Box 1094							
Jackson, Wy. 83001							
CLAIM FOR SERVICES AND EXPENSES							
			FOR COURT USE ONLY				
Categories (Attach itemization of services w/ dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	Math/Tech. Adjusted Hrs	Math/Tech. Adjusted Amounts	Additional Review	Amount Authorized
In Court	a. Arraignment and/or Plea	-	-	-	-	-	-
	b. Bail and Detention Hearings	-	-	-	-	-	-
	c. Motion Hearings	-	-	-	-	-	-
	d. Trial	-	-	-	-	-	-
	e. Sentencing Hearings	-	-	-	-	-	-
	f. Revocation Hearings	-	-	-	-	-	-
	g. Appeals Court	-	-	-	-	-	-
	h. Other (Specify on add'l sheets)	-	-	-	-	-	-
	TOTALS	-	-	-	-	-	-
Out of Court	a. Interviews and Conferences	3.0	375.00	-	-	-	375.00
	b. Obtaining and reviewing records	4.0	500.00	-	-	-	500.00
	c. Legal Research and brief writing	3.1	387.50	-	-	-	387.50
	d. Travel time	-	-	-	-	-	-
	e. Investigative & other work (Specify)	8.8	1,100.00	-	-	-	1,100.00
	TOTALS	18.9	2,362.50	-	-	-	2,362.50
17. Travel Expenses (lodging, parking, meals, mileage, etc.)			-	-	-	-	-
18. Other Expenses (other than expert, transcripts, etc.)			36.25	-	-	-	36.25
GRAND TOTALS (CLAIMED AND ADJUSTED):			2,398.75	-	-	-	2,398.75
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE			20. APPOINTMENT TERMINATION		21. CASE DISPOSITION		
From: 2/6/2012 to: 5/9/2012			DATE IF OTHER THAN CASE COMPLETION:		Other		
22. CLAIM STATUS: <input checked="" type="radio"/> Final Payment <input type="radio"/> Interim Payment Number <input type="radio"/> Supplemental Payment			(Payment #)				
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, were you paid? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If yes, give details on additional sheets.				
I swear or affirm the truth or correctness of the above statements.							
Signature of Attorney 			Date 5/8/12				
APPROVED FOR PAYMENT—COURT USE ONLY							
23. IN COURT COMP.	24. OUT OF COURT COMP	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR. — Check if Certified <input type="checkbox"/>			
-	2,362.50	-	36.25	2,398.75			
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE			
			5/17/12	8906			
29. IN COURT COMP.	30. OUT OF COURT COMP	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPR./CERT.			
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE)			DATE	34a. JUDGE CODE			